


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90153 020 \*\*\*\*50.00

**DOCUMENT # L04000016985**

1. Entity Name  
**REATA POLO FARMS, LLC**



Principal Place of Business  
**13155 SOUTHFIELDS ROAD  
 WELLINGTON, FL 33414**

Mailing Address  
**4800 BRYANT IRVIN COURT  
 FORT WALTON, TX 76107**

2. Principal Place of Business - No P.O. Box #  
**12784 Indian Mound Road**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Wellington, Florida**

City & State  
**Fort Worth, Texas**


Zip  
**33414**

Country  
**USA**

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

**60004731**



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**81-0667699**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KRASKER, PAUL A ESQ.  
 625 N. FLAGLER DRIVE, 9TH FLOOR  
 WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name  
 \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
 \_\_\_\_\_

City  
**FL** Zip Code  
 \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICALLEF, A M 13155 SOUTHFIELDS ROAD WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12784 Indian Mound Road Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *A M Micallef* **1/5/07** **817-737-3703**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #